

Name
in
Full

Emma J. L. Barnett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pomona</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month} <i>Sept</i> ^{Day} <i>29</i>	Age	<i>36</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex	<i>Female</i>	Color or Race	<i>Col</i>	Birth-place	<i>Ind</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Joseph Barnett</i>		
Father's Name	<i>Henry Ringgold</i>		Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Mary Broadway</i>		Mother's Birthplace	<i>Ind</i>	
Name of person giving information	<i>Husband</i>		How related to deceased		

CAUSES OF DEATH

55

PHYSICIAN
OR CORONER

Primary	<i>Typhemia</i>	How long	<i>10 days</i>
Immediate	<i>Cornua</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>V. G. Linper</i>
		Address	<i>Chesapeake</i>
Accident or Suicide?	<i>No</i>		

vi 9

Name
in
Full

George Baynard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

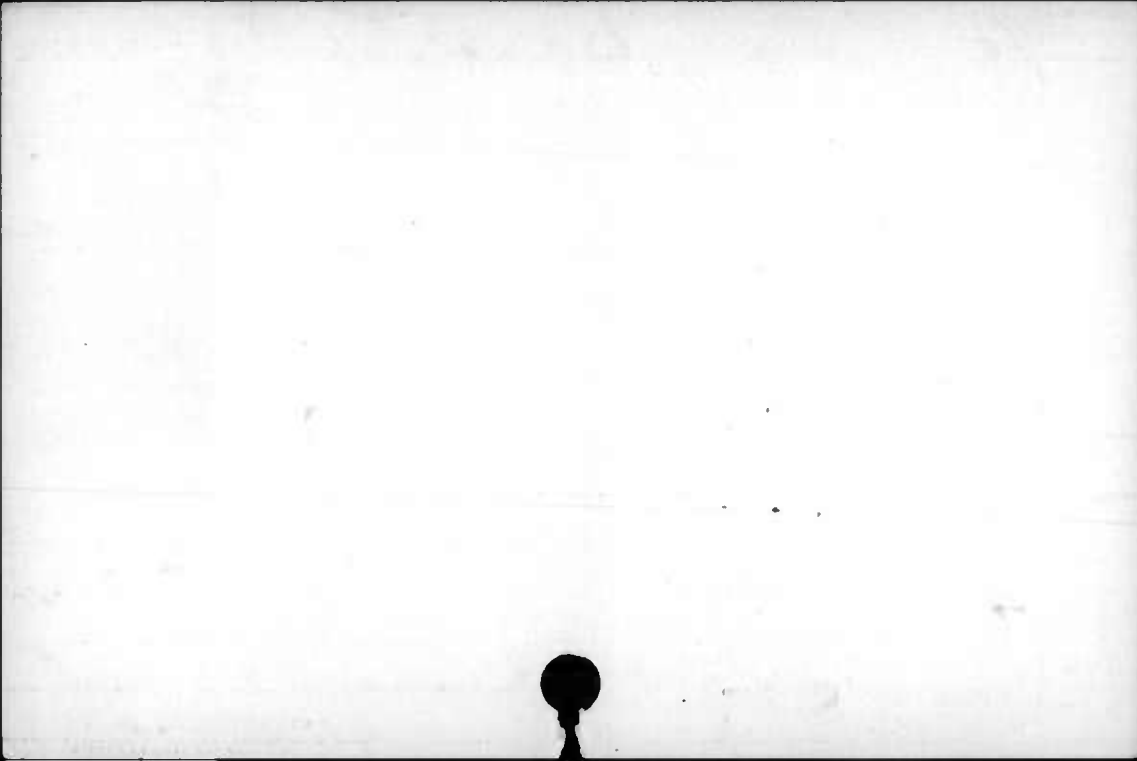
Died at <u>Chestertown</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death <u>1901</u> ^{Month} <u>Sept</u> ^{Day} <u>1</u>		Age <u>55</u> ^{Years} <u>(about)</u> ^{Months}		<u></u> ^{Days}	
Sex <u>Male</u>		Color or Race <u>Col</u>		Birth-place <u>Unknown</u>	
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Elie Bowers</u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving information <u>Elie Bowers</u>		How related to deceased <u>Wife</u>			

CAUSES OF DEATH

(166)

PHYSICIAN
OR CORONER

Primary	<u>Paralysis</u>	How long	<u>Several months</u>
Immediate	<u>Unknown</u>	How long	<u>One day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H. G. [unclear]</u>	
		Address <u>Chestertown</u>	
Accident or Suicide? <u>No</u>			



Name
in
Full

CERTIFICATE OF DEATH

John Wesley Beauchamp

Died at *Londy* Town

Kent County

MARYLAND

Date of death *1907* Sept

Day *5*

Age *68* Years

Months

Days

Sex *male*

Color or Race *white*

Birth place *Maryland*

Occupation *Miller*

Where Residing if not at place of death *at place of death*

Married, Single or Widowed *Married*

Name of Wife or Husband *Leda Brannock*

Father's Name *Unknown*

Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown*

Mother's Birthplace *Unknown*

Name of person giving information *J. J. Conlyn*

How related to deceased *not related*

CAUSES OF DEATH

Primary *Apoplexy*

64

How long

Immediate *Paralysis*

How long *7 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Thos D Wilson*

Address *Edenville P.O. Kent*

Accident or Suicide?

Accident

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

St Pauls —
Cemetery

John H. Dodd —
Undertaker —

Name
in
Full

Mary E. Bishop

CERTIFICATE OF DEATH

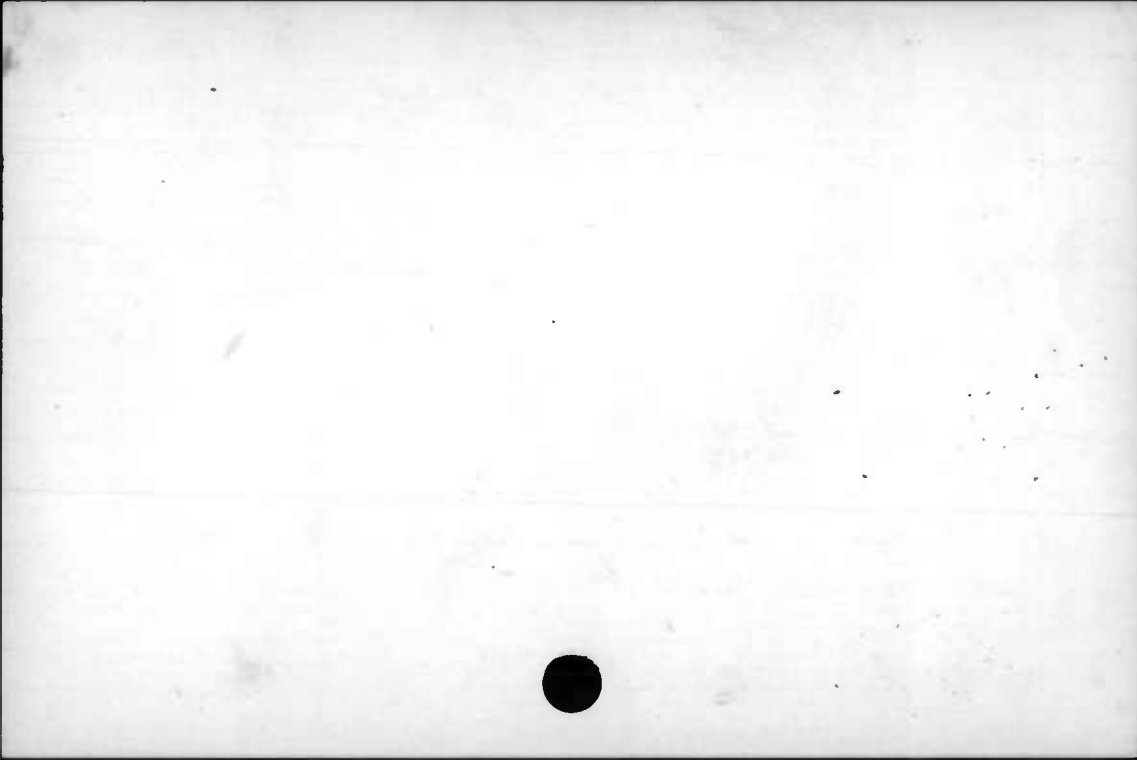
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near</i>		Town <i>Salena</i>		County <i>Kent</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>3</i>	Age	<i>42</i>	Months <i>2</i>	Days <i>26</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Green Anne Co.</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of W Husband	<i>J. Frank Bishop</i>			
Father's Name	<i>Frank M. M. Dill</i>					Father's Birthplace	<i>Delaware</i>
Mother's Maiden Name	<i>Elizabeth Austin</i>					Mother's Birthplace	<i>Delaware</i>
Name of person giving information	<i>Frank Bishop +</i> <i>Alfred Dill</i>					How related to deceased	<i>Husband</i> <i>Brother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>64</i>	How long
Immediate	<i>Cerebral Hemorrhage</i>	How long <i>about 10 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Edward A. Scott</i>	
	Address <i>Salena,</i> <i>Maryland,</i>	



Name
in
Full

Albert Blake

CERTIFICATE OF DEATH

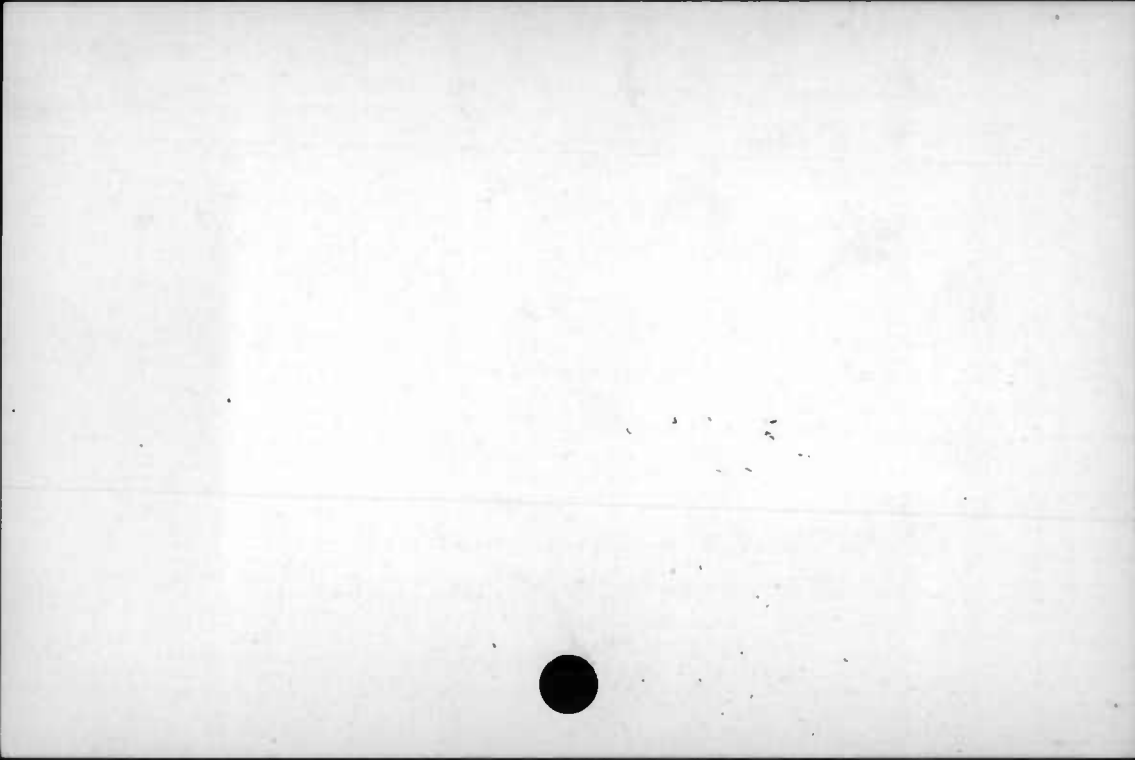
TO BE ANSWERED BY
NEAREST FRIEND

Died at. <i>Galena</i>		Town		<i>Kent</i>		County		MARYLAND	
Date of death 1907		Month 9 th		Day 2		Age 26		Months — Days —	
Sex <i>Male</i>		Color or Race <i>African</i>		Birth-place <i>Ind.</i>					
Occupation <i>Laborer</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Fronny Blake</i>							
Father's Name <i>Saml. Blake</i>		Father's Birthplace <i>Ind.</i>							
Mother's Maiden Name <i>Picilla Brown</i>		Mother's Birthplace <i>Ind.</i>							
Name of person giving information <i>Thomas Blake</i>		How related to deceased <i>brother</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Homicidal +</i>	<i>166</i>	How long	<i>—</i>
Immediate <i>Gun shot-wound</i>		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician	
<i>Henry Parr acting Coroner</i>		Address	
Accident or Suicide? <i>Galena Ind.</i>			



Name
in
Full

Mona Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chestertown</i>		County <i>Kent</i>		MARYLAND	
Date of death	1907	Month	Sept	Day	22	Age	68
Sex	<i>Female</i>		Color or Race	<i>Col</i>		Birth-place	<i>Md</i>
Occupation	<i>None</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband				
Father's Name	<i>Unknown</i>					Father's Birthplace	
Mother's Maiden Name	<i>Unknown</i>					Mother's Birthplace	
Name of person giving information	<i>Andrew Cass</i>					How related to deceased <i>None</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bright's Disease</i>	How long	<i>4 or 5 yrs</i>
Immediate	<i>Peritonitis</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>W. G. [Signature]</i>	
		Address	
		<i>Chestertown</i>	
Accident or Suicide?			
<i>No</i>			

James M. E.

Name
in
Full

Jane Frances Crouch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

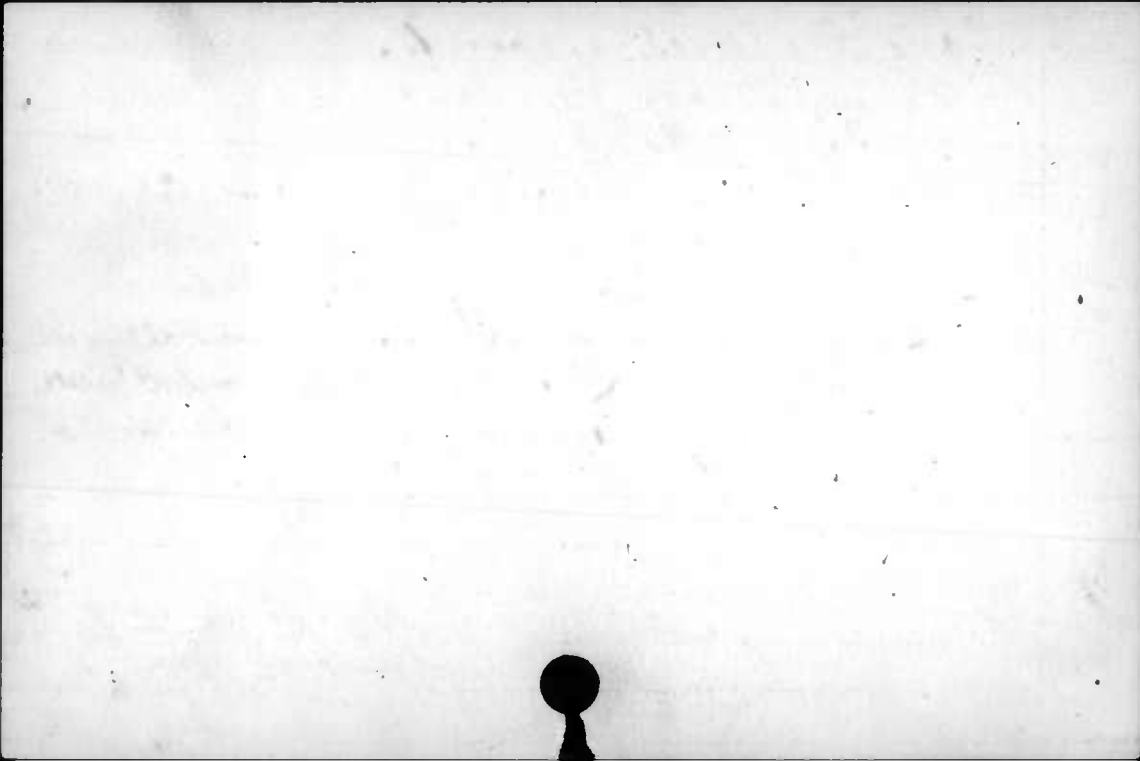
Died at <i>Penney Neck</i>		Town <i>Kent</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>Sept-</i>	Day <i>13</i>	Age <i>68</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Kent-Co Me</i>			
Occupation <i>House Keeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Thomas Crouch</i>					
Father's Name <i>Samuel Coleman</i>		Father's Birthplace <i>Kent-Co Me</i>					
Mother's Maiden Name <i>Mary Ann Little</i>		Mother's Birthplace <i>Kent-Co Me</i>					
Name of person giving information <i>Mary Kindall</i>		How related to deceased <i>Saughter</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long
Immediate <i>Emphysema</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. B. B. Bell M.D.</i>
	Address <i>Rock Hill Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Thomas Crouch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Pinney Neck* ^{County} *Kent*

Date of death ^{Month} *Sept* ^{Day} *2* ^{Age} *72* ^{Years} *5* ^{Months} *8* ^{Days}

Sex *Male* Color or Race *White* Birth-place *Kent-Co Md*

Occupation *Waterman* Where Residing if not at place of death

Married, ~~Single~~ *Married* Name of Wife or ~~Husband~~ *Jane F. Coleman*

Father's Name *James Crouch* Father's Birthplace *Kent-Co Md*

Mother's Maiden Name *Martha Glenn* Mother's Birthplace *Kent-Co Md*

Name of person giving information *Charles Crouch* How related to deceased *Son*

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary *General Debility* How long *10 days*

Immediate *Pneumonia of Brain* How long *3 days*

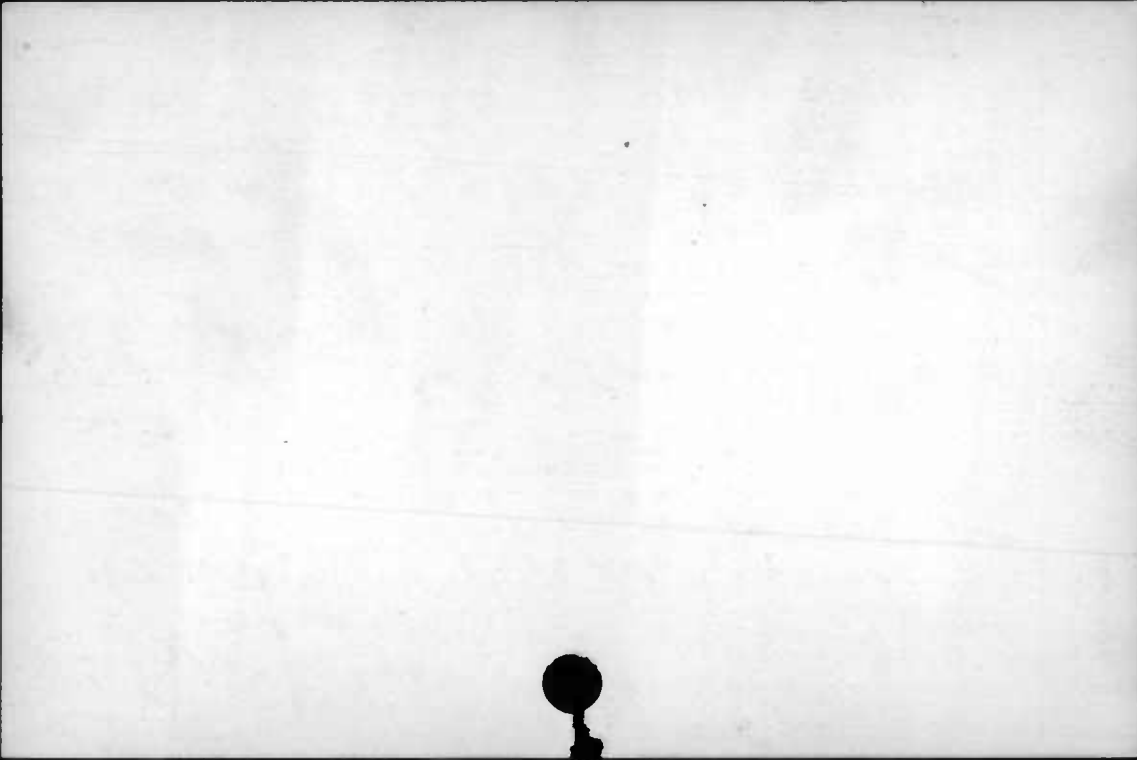
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. H. Beall Md
Rock Hall Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

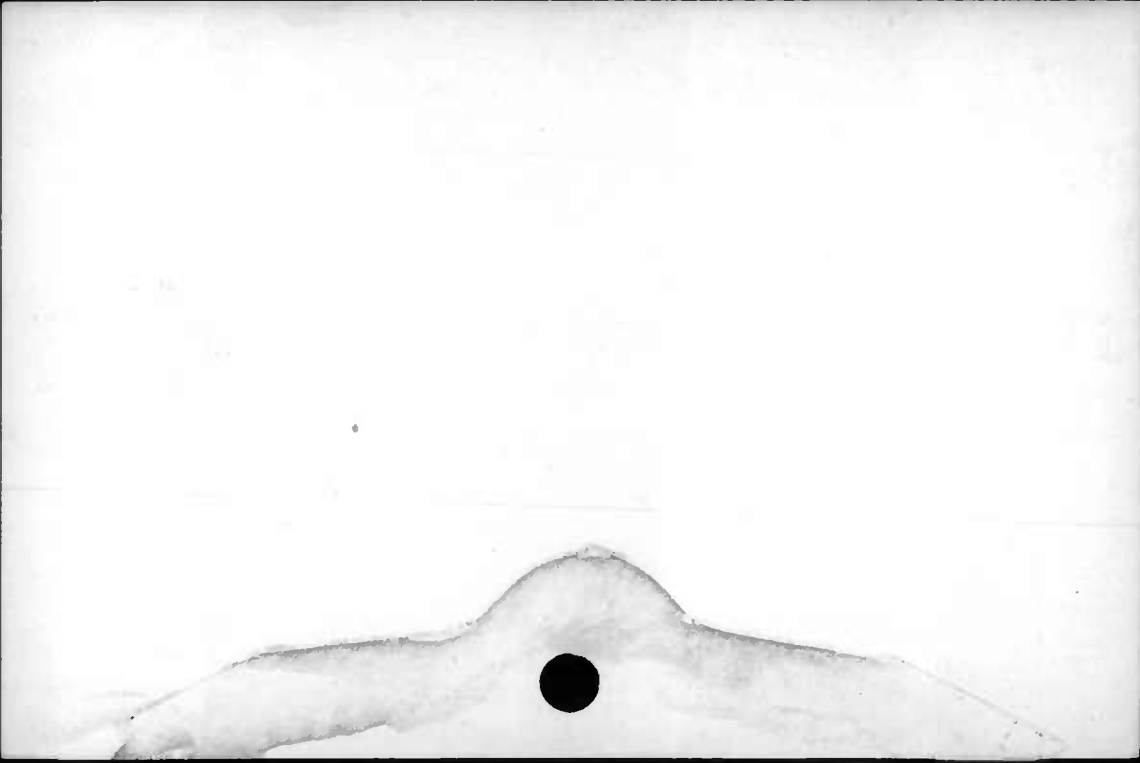
Died at <i>Josephine Foster</i> <i>Williamstown</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MARYLAND	
Date of death	<i>1904</i>	Month <i>9</i>	Day <i>14</i>	Age <i>91</i>	Years <i>91</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth- place <i>La Gr</i>			
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Wm. Foster</i>				
Father's Name <i>Wm. Foster</i>	Father's Birthplace <i>La Gr</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving In formation		How related to deceased			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>2 years</i>
Immediate <i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. C. ...</i>
	Address <i>Williamstown</i>
Accident or Suicide?	



Name
In
Full

Ellen Frisby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ellicottstown</i>		County <i>Mont</i>		MARYLAND	
Date of death		Month <i>7</i>	Day <i>23</i>	Age <i>7</i>		Years <i>7</i>	Months <i>7</i>
Sex <i>Female</i>		Color or Race <i>Col</i>		Birth-place <i>Ind</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Chas. Frisby</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Rebecca Thomas</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Simon Telgman</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i>	How long <i>3 weeks</i>
Immediate	<i>Convulsions</i>	How long <i>Several hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. J. Smith</i>
		Address <i>Local Board Health</i>
Accident or Suicide? <i>No</i>		<i>Ellicottstown</i>

James M. E.

Name
in
Full

Infant Siser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Marion		County Kent		MARYLAND	
Date of death	1907	Month Sept	Day 27	Age Years	—	Months	Days 28
Sex	female		Color or Race	white		Birth- place	md
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed			Name of Wife or Husband —				
Father's Name				Charles Siser		Father's Birthplace	
Mother's Maiden Name				Martha Meekins		Mother's Birthplace	
Name of person giving in formation				Chas Siser		How related to deceased	
						father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus. (151)		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician
			L. P. Atwell M.D.
		Address	Still Pond, md.
Accident or Suicide?			

Oliver Bennett

Name
in
Full

Anna Cecilia Gladski

CERTIFICATE OF DEATH

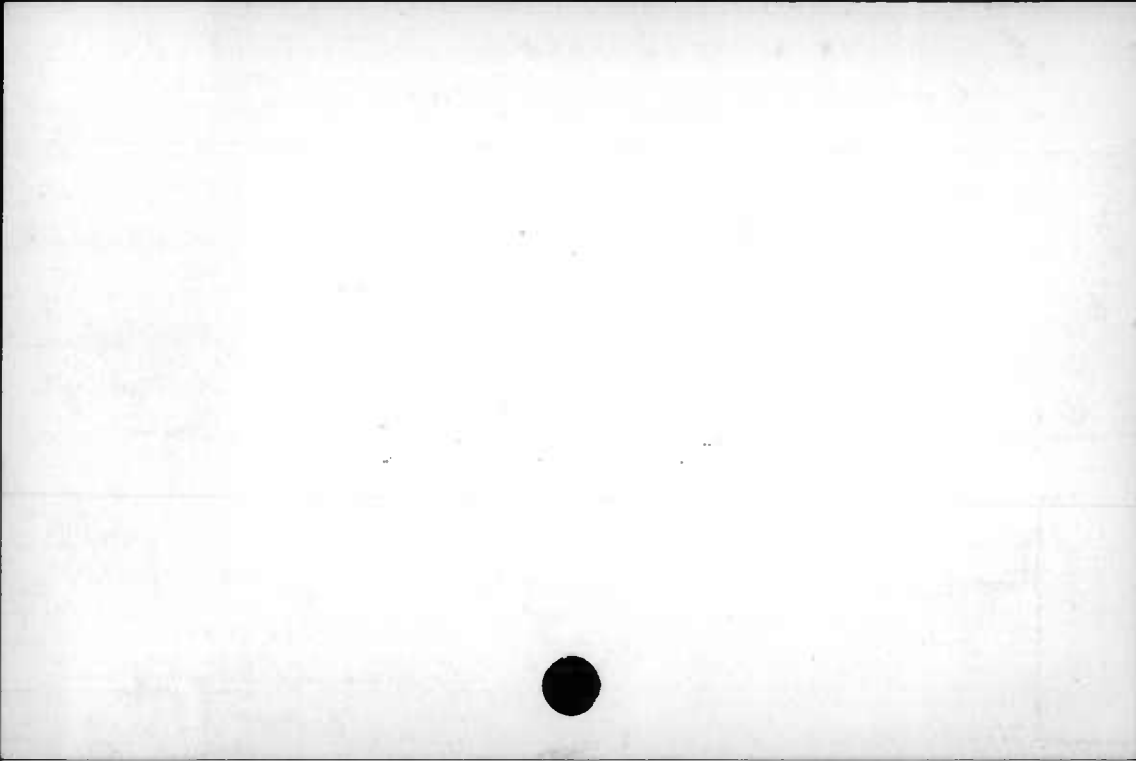
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ederville</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Sept</i> <small>Month</small>	<i>12</i> <small>Day</small>	Age <small>Years</small>	<i>7</i> <small>Months</small>	<i>7</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co. Md.</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>At place of death</i>				
Married, Single or Widowed <i>None</i>	Name of Wife or Husband				
Father's Name <i>Wm Gladski</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Annie Jankowski</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Wm Gladski</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Not Known</i>	How long <i>179</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. B. Willson</i>
	Address <i>Ederville</i>
	<i>Kent Co. Md.</i>
Accident or Suicide?	



Name
in
Full

Milton B. Hadaway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		Kent		County		MARYLAND	
Date of death		1907	Sept	11	Day	53	Years		Months
Sex		Male		Color or Race		White		Birth place	
Occupation		Sailor		Where Residing if not at place of death		Kent County			
Married, Single or Widowed		Single		Name or Wife or Husband					
Father's Name		John Hadaway				Father's Birthplace			
Mother's Maiden Name		Julie Brown				Mother's Birthplace			
Name of person giving information		Frank Faulkner				How related to deceased			
						Brother in law			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic inter nephritis	How long	Several yrs.
Immediate	Uremia	How long	2 months
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		F. B. Hines	
Address		Christertown, Md.	
Accident or Suicide?		no	

Bond ,

Name
in
Full

Clemm Bell Hyman

CERTIFICATE OF DEATH

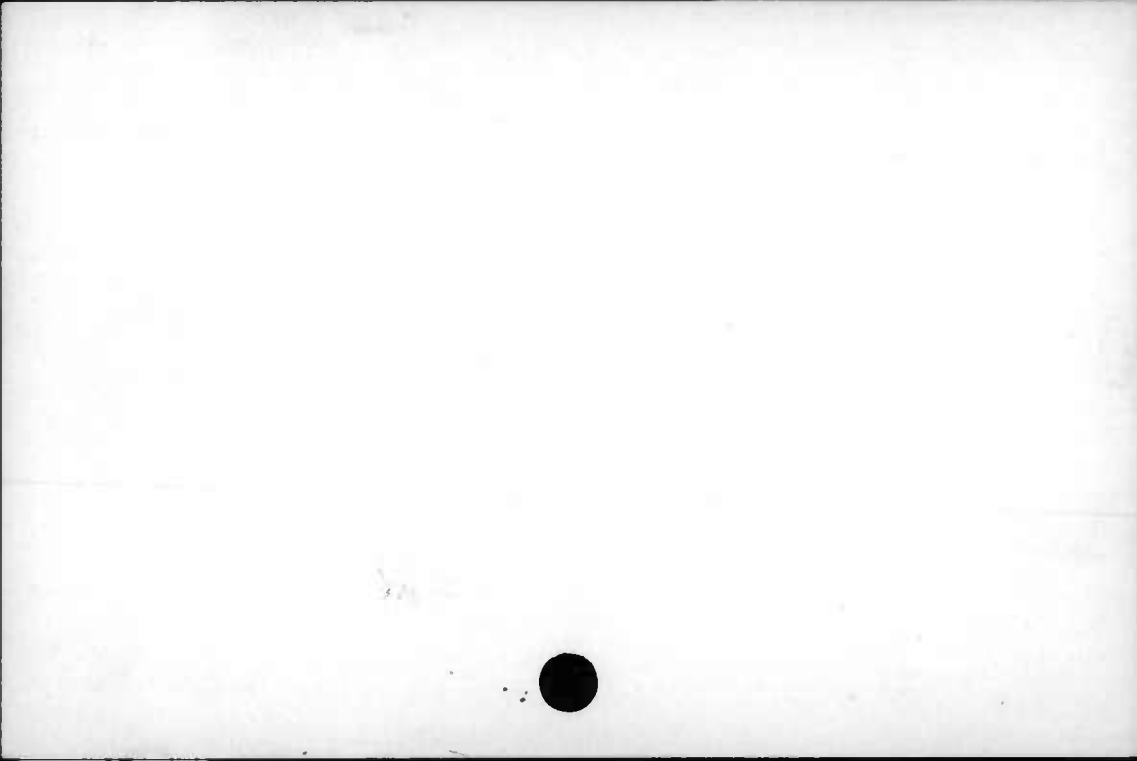
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Millington		County Kent Co		MARYLAND	
Date of death		190	Month 9	Day 17	Age 17	Months	Days
Sex Female		Color or Race White		Birth- place 2 a Co			
Occupation School Girl				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name James Hyman		Father's Birthplace 2 a Co					
Mother's Maiden Name Kate Hyman		Mother's Birthplace 2 a Co					
Name of person giving In formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Lymphoid Tumor		How long 21 days
Immediate " "		How long
Are the name, age, sex, color, date and place correctly given above?		Yes
Signature of Physician H. Corning		Address Millington
Accident or Suicide?		No



Name
in
Full

Alice Margaret Hooker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Kennedyville

Town

Kent

County

MARYLAND

Date of death 1902 Sept 21

Month

Day

Age

Years

Months

Days

Sex

female

Color or
Race

white

Birth-
place

md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

George J. Hooker

Father's
Birthplace

md.

Mother's
Maiden Name

Neva M. Hudson

Mother's
Birthplace

md.

Name of person giving
information

G. J. Hooker

How related
to deceased

father

CAUSES OF DEATH

Primary

Enter Obits
Convulsions

105

How long

2 days

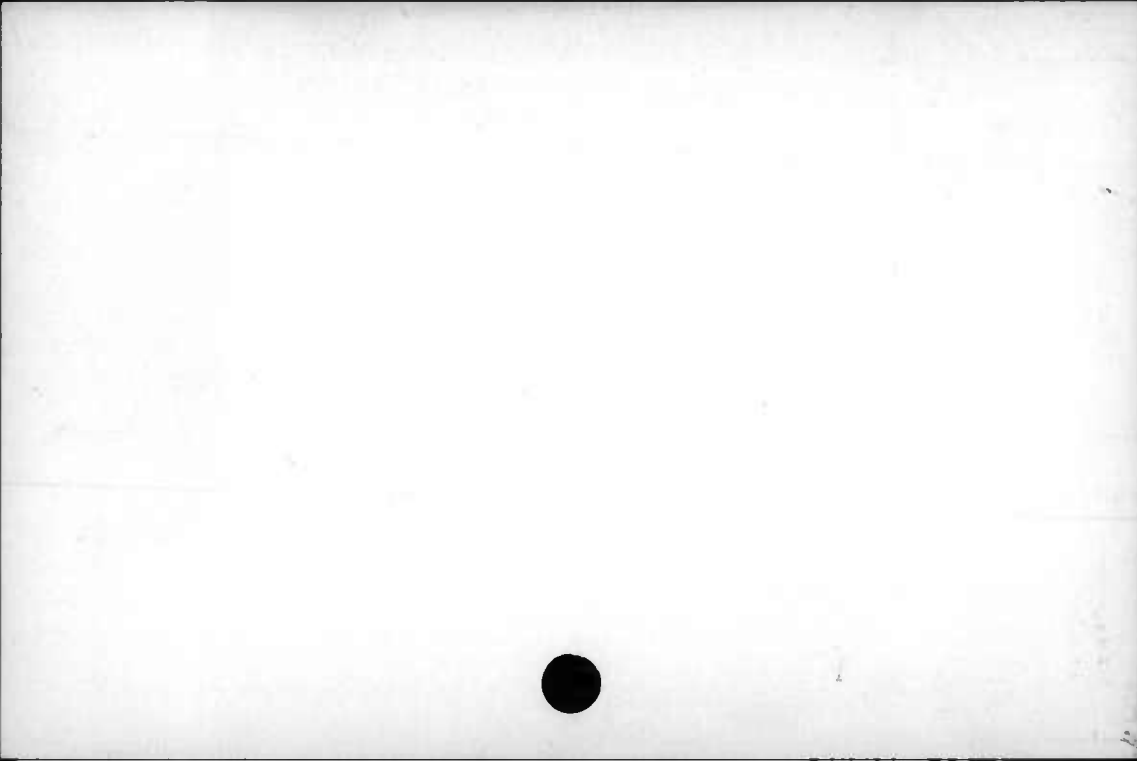
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

G. Louis Demore
Kennedyville
Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Piney Creek</i> Town		<i>Kent</i> County		MARYLAND	
Date of death	<i>1907</i> Month	<i>Sept</i> Day	<i>29</i> Years	<i>47</i> Months	<i>Days</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Oysterman</i>		Where Residing if not at place of death <i>At Place of death</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Alberta Hynson</i>		
Father's Name	<i>Thomas Hynson</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Not Known</i>		Mother's Birthplace	<i>Un Known</i>	
Name of person giving information	<i>Harry J. Hynson</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cirrhosis Liver</i>	How long	<i>3 years</i>
Immediate	<i>Asthma</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Thos. R. Wilton</i>
		Address	<i>Edesville Kent Co. Md.</i>
Accident or Suicide?			

Harry J

71 Thomas

Name
in
Full

Still Born

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Coleman</i> Town		<i>Kent</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>12</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>—</i>	Color or Race <i>White</i>		Birth-place <i>Coleman</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Lee Joiner</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Blanche Smith</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Past Hickman</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature.</i>	<i>(131)</i>	How long <i>one hour.</i>
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
<i>yes.</i>		<i>Wm. S. Maxwell,</i>	<i>Still Pond, Md.</i>
Accident or Suicide?			

Still Pond

Name in Full		Berttha Lee				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND					
	Date of death		Month		Day		Years		Months		Days	
	1907		Sept		13		16		—		—	
	Sex		Female		Color or Race		Colored		Birth-place		Unknown	
	Occupation		None		Where Residing if not at place of death		At home					
	Married, Single or Widowed		Single		Name of Wife or Husband							
	Father's Name		Frederick Lee		Father's Birthplace		Unknown					
	Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown					
Name of person giving information		C. P. Gorman		Attending Physician								
		CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		Typhoid fever		How long		10 Days					
	Immediate		Insomnia & Coma		How long		24 hours					
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		C. P. Gorman M.D.					
					Address		Millington					
	Accident or Suicide?		—									

To Be Banned at
Lomana Del

Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

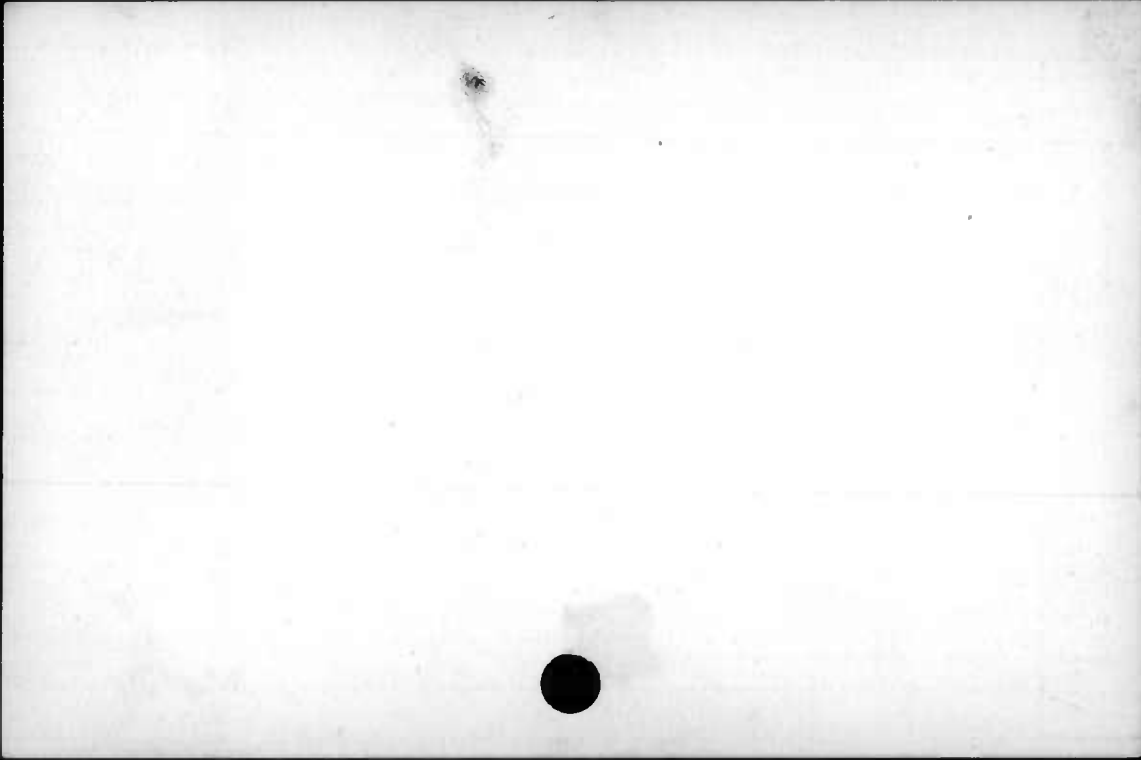
Died at <i>Edesville</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i> <small>Year</small>		<i>Sept.</i> <small>Month</small>		<i>9</i> <small>Day</small>	
Age <i>88</i> <small>Years</small>		Months		Days	
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Henry Murry</i>				
Father's Name <i>William Bentley</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Catherine White</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>John L. Murry</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Passive Cong. Brain</i>	How long
Immediate <i>Senility</i>	How long <i>21 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. Wilson</i>
	Address <i>Edesville Kent</i>
	<i>Cornell</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

Sept

5

Age

67

2

Sex

Male

Color or
Race

white

Birth-
place

Kent. Co.

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Mary S. Gardner

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
In formation

John T. Nicholson

How related
to deceased

son

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Nephritis

How long

1 year

Immediate

I believe nephritis - have not
attended him for 3 months

How long

1 year

Are the name, age, sex, color, date
and place correctly given above?

So far

Signature of
Physician

H. Benge Simmons

Address

Chestertown
Md.

Accident or Suicide?

over

This certificate was sent to me to
be filled with the statement that
no physician had been in attendance
since myself. As for the data
regarding ancestry I know nothing,
H. B. J.

At Paul

Name
in
Full

Walter Lusby Nicholson

CERTIFICATE OF DEATH

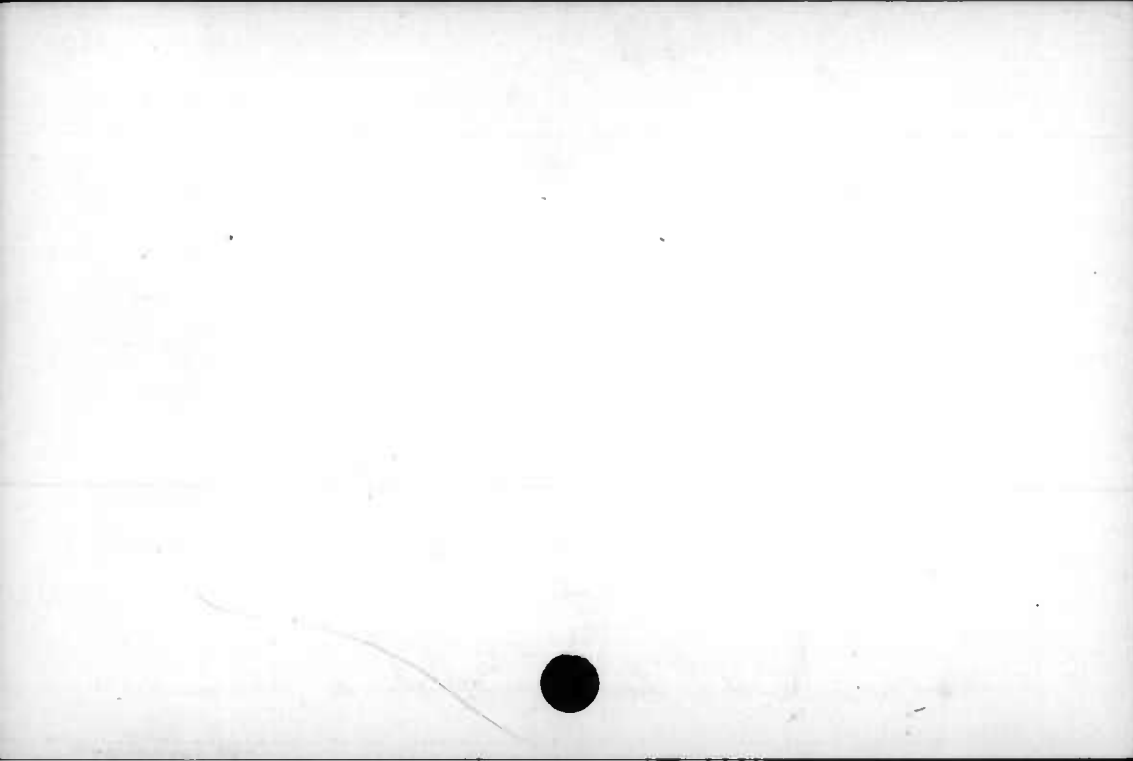
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Chestertown</i>		^{County} <i>Kent</i>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Sept</i>	Day	<i>12</i>
Age	<i>21</i>	Years		Months	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind</i>
Occupation	<i>Student</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Robert G Nicholson</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Laura Lusby</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Dr H W Nicholson</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>22 days</i>
Immediate	<i>Intestinal hemorrhage</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>H G Simpson</i>	
		Address	
		<i>Chestertown</i>	
Accident or Suicide?			
<i>No</i>			



Name in Full

Certificate of Death

Sir Walter Raleigh

Town

County

Died at

Chesapeake Kent

MARYLAND

Date 1907 Sept. 12 Y. M. D. Age 28 Native of Md. Occupation Carpenter

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of
Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

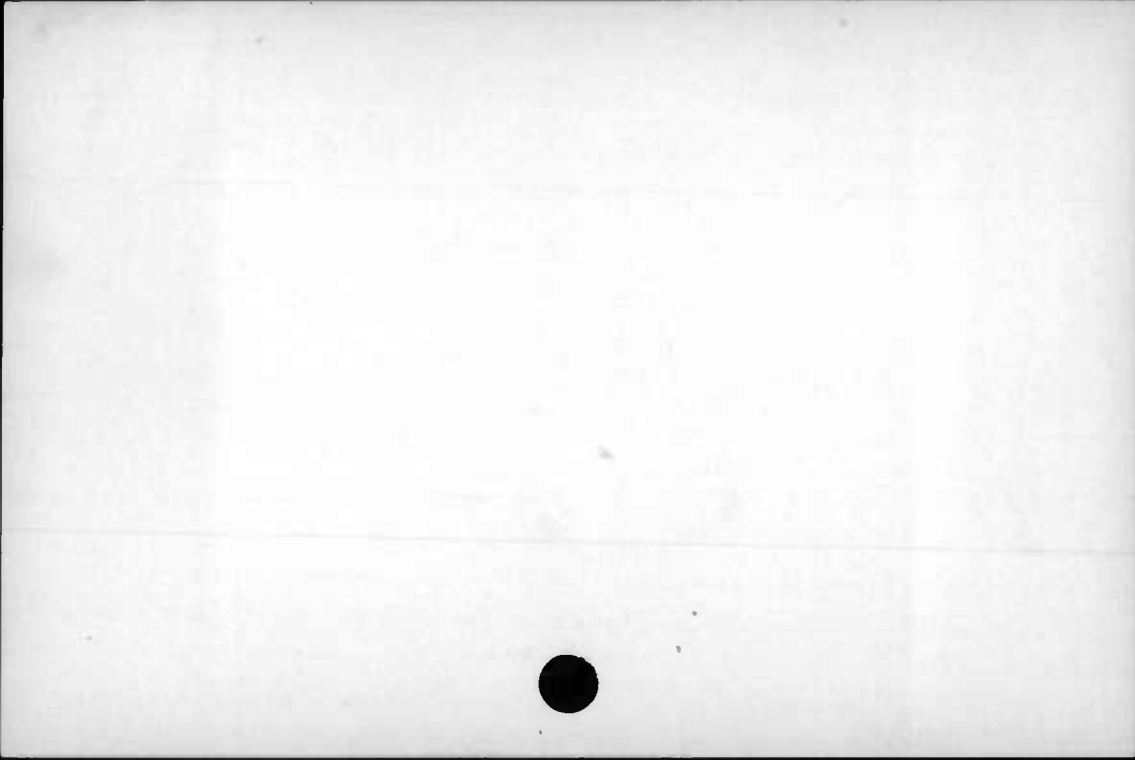
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Chester
Cemetery

J. M. Dodel
Undertaker.

Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Georgetown</u> <small>Town</small>		<u>Kent</u> <small>County</small>	
		Date of death <u>1907</u> <small>Month</small> <u>Sept</u> <small>Day</small> <u>25</u>		Age <u> </u> <small>Years</small> <u> </u> <small>Months</small> <u> </u> <small>Days</small> <u>5</u>	
		Sex <u>Female</u>		Color or Race <u>White</u>	
		Occupation <u> </u>		Birth-place <u>Georgetown, Md.</u>	
		Where Residing if not at place of death <u> </u>			
		Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>	
		Father's Name <u>John Reese</u>		Father's Birthplace <u>Selma</u>	
Mother's Maiden Name <u>Mattie Rolph</u>		Mother's Birthplace <u>Queen Anne's Co. Md.</u>			
Name of person giving information <u>John Reese</u>		How related to deceased <u>Parent</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary		How long <u>72</u>	
		Immediate <u>Trismus</u>		How long <u>24 hrs</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>1/12</u>		Signature of Physician <u>Edmond A. Scott</u>	
		Address <u>Selma, Md.</u>			
		Accident or Suicide? <u> </u>			



Name in Full Helen Roe		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at near Sunch Town		County Kent	
	Date of death 1907 Sept 4		Age ~ Years	
	Month Sept Day 4		Months 11 Days 3	
	Sex female	Color or Race white	Birth-place Phila	
	Occupation —		Where Residing if not at place of death —	
	Married, Single or Widowed —	Name of Wife or Husband —		
	Father's Name Lawrence Roe	Father's Birthplace Ind	_____	
	Mother's Maiden Name Nellie C. Silcox	Mother's Birthplace Ind		
Name of person giving information John Silcox	How related to deceased Grand-father			
CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary Whooping Cough.	How long (18)		
	Immediate Cholera Infantum.	How long		
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician L. P. Atwell M.D.	Address Still Pond Ind,	
	Accident or Suicide?			

Still Rock.

Name
in
Full

Ella Rose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Columans		County Kent		MARYLAND	
Date of death	1907	Month 9	Day 26	Age Years	1	Months	9
Sex	Female		Color or Race	Black		Birth- place	Columans, Md.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased			
James Rose				Father			

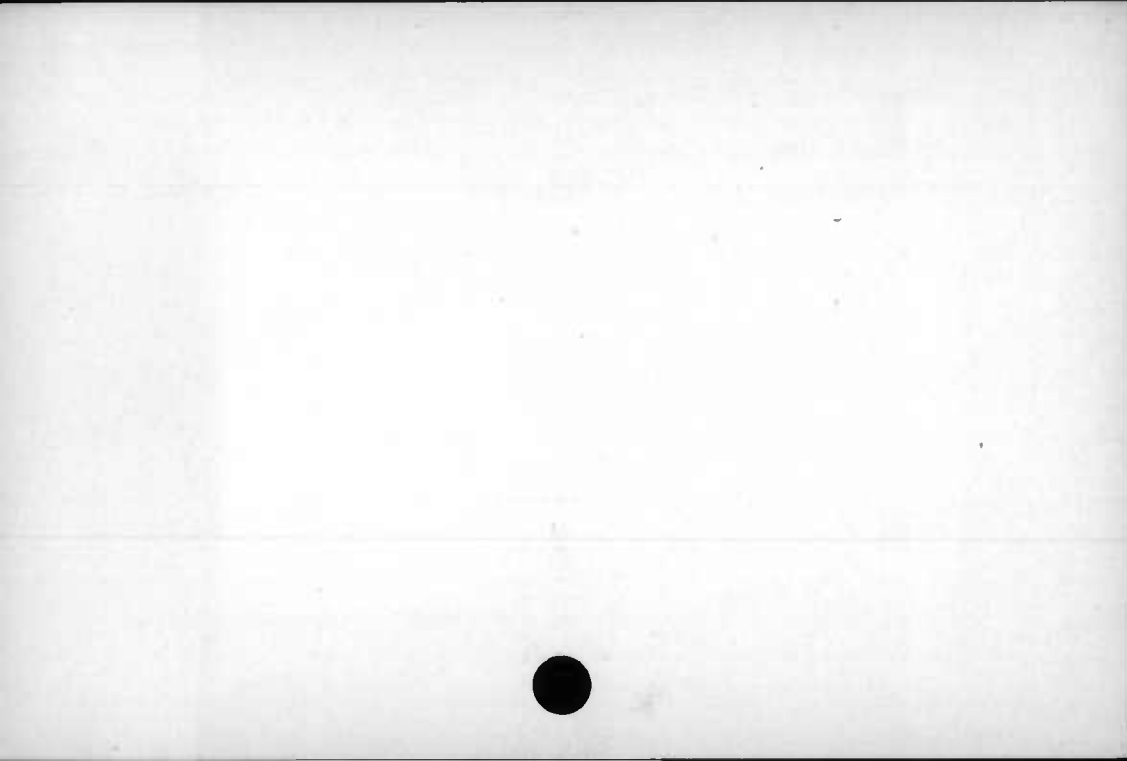
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	151
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		L. P. Whell M.D.	
Address		Still Pond, md.	
Accident or Suicide?			

Calcutta.

Name in Full		John Russell				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		near Galena		Kent		MARYLAND	
	Date of death		1907	Month 9	Day 2	Age 19		Months
	Sex		male		Color or Race		African	
	Occupation		farm labourer		Birth-place		Ind	
	Married, Single or Widowed		Single		Where Residing if not at place of death			
	Father's Name		David Russell		Father's Birthplace		Del	
	Mother's Maiden Name		E. Jane Dorsey		Mother's Birthplace		Ind	
	Name of person giving information		David Russell		How related to deceased		father	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis		How long		One year	
	Immediate		Paralysis heart-		How long			
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. W. Slatner	
					Address		Galena Ind	
	Accident or Suicide?							



Name
in
Full

Margaret Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Runners Creek,		County Deut		MARYLAND	
Date of death 1907	Month Sept	Day 26	Age —	Years —	Months —
Sex female		Color or Race black	Birth-place md.		
Occupation —		Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name Geo Scott		Father's Birthplace md.			
Mother's Maiden Name Mary Hamilton		Mother's Birthplace md.			
Name of person giving information Geo Scott		How related to deceased father.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary typhoid.	(14)	How long 7 days.
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? yes.	Signature of Physician Wm. S. Maxwell,	
	Address Still Pond, Md.	
Accident or Suicide?		

Still Pond.

Name in Full		Certificate of Death			
Arthur M. Williams		Kent		Maryland	
Died at <u>Rumer Creek</u>		County		State	
Date of death <u>1907</u>		Age <u>2</u>		Months <u>3</u>	
Sex <u>Male</u>		Color or Race <u>white</u>		Birth place <u>Ind</u>	
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Alfred J. Williams</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Emma M. Dove</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>A. Williams</u>		How related to deceased <u>Father</u>			
CAUSES OF DEATH					
Primary <u>Measles</u>		(61)		How long <u>12 days</u>	
Immediate <u>Exhaustion</u>				How long <u> </u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>G. Louis Perovich</u>			
		Address <u>Kennedynelle Ind</u>			
Accident or Suicide? <u> </u>					

Shrewsbury

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Sarah E. Wright		Town Heard Lynch		County Hunt		State MARYLAND	
Died at Heard Lynch		Month Sept		Day 26		Years 51	
Date of death 1907		Months —		Days —			
Sex female		Color or Race Black		Birth-place Mich			
Occupation Housewife		Where Residing if not at place of death —					
Married, Single or Widowed married		Name of Wife or Husband Henry Wright					
Father's Name Theodore Butler		Father's Birthplace U.S.					
Mother's Maiden Name Rachel Butler		Mother's Birthplace U.S.					
Name of person giving information Henry Wright		How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis	How long 18 Months
Immediate Heart-failure.	How long —
Are the name, age, sex, color, date and place correctly given above? yes.	Signature of Physician Wm. S. Maxwell.
	Address Still Pond, Md.
Accident or Suicide? —	

Fontaine's Church